

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Still Born*

Town \_\_\_\_\_ County \_\_\_\_\_

Died at *Hagerstown* *Washington* **MARYLAND**

Date *1887* Month *July* Day *12* Age *—* Years *—* Months *—* Days *—*

of death *490*

Sex *male* Color or Race *colored* Birth-place *Hagerstown Md*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Therodre Cain* Father's Birthplace *Richmond Va*

Mother's Maiden Name *Lizzie Lyles* Mother's Birthplace *Brownsville Md*

Name of person giving Information *Therodre Cain* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

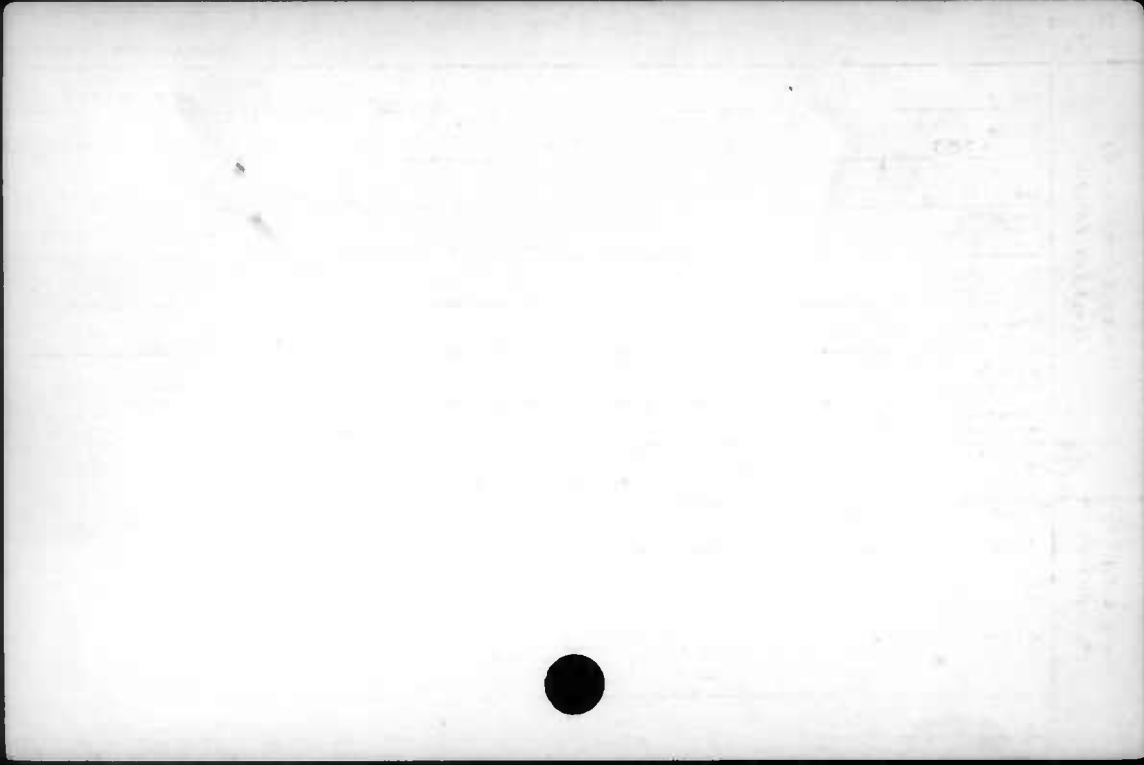
Primary \_\_\_\_\_ How long \_\_\_\_\_

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? \_\_\_\_\_ Signature of Physician \_\_\_\_\_

Address \_\_\_\_\_

Accident or Suicide \_\_\_\_\_



Name  
in  
FullThos. Shw. ~~Home~~ Cain

## CERTIFICATE OF DEATH

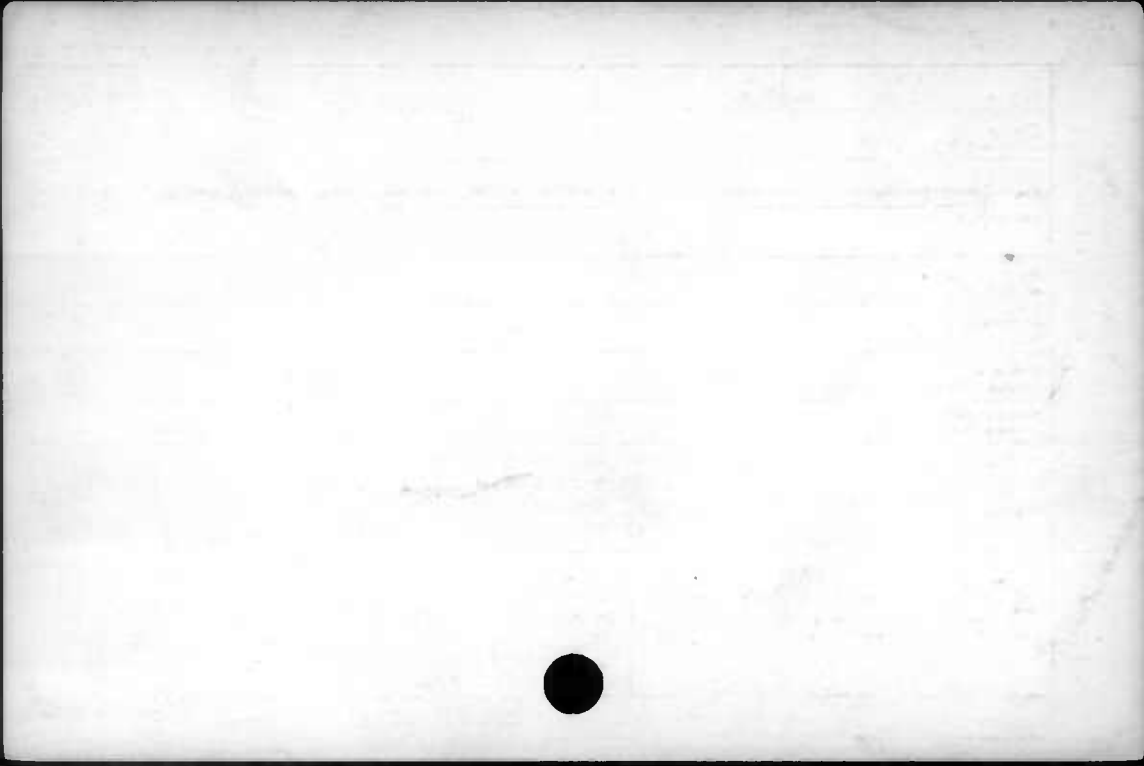
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Augustine</u> Town		<u>Washington</u> County		MARYLAND	
Date of death <u>1895</u>	Month <u>Mar</u>	Day <u>15</u>	Years <u>6</u>	Months <u>4</u>	Days <u>5</u>
Sex <u>male</u>	Color or Race <u>Colored</u>	Birth-place <u>Augustine Md</u>			
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband _____			
Father's Name <u>Theodore Cain</u>			Father's Birthplace <u>Richmond Va</u>		
Mother's Maiden Name <u>Louise Lyles</u>			Mother's Birthplace <u>Brownsville Md</u>		
Name of person giving Information <u>Theodore Cain</u>			How related to deceased <u>father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide		



Name in Full

Eli. P. Campbell

Certificate of Death

Died at

Town

Ugby

County

Caroline

MARYLAND

Date 189

Month

Day

Year

Y.

M.

D.

Native of

Occupation

122

Age

78

6

Caroline

---

Male ☒White ☒

Married

Widow

Divorced

Female

Colored

Single

Widower ☒

Number of children living

3

Husband  
of  
WifeFather's  
Name

Peter Campbell

Mother's  
Name

---

Cause of

Primary

Paralyzed 44

How long sick

one year

Death

Immediate

intentional manslaughter

Accident, Suicide, Homicide

Reported by

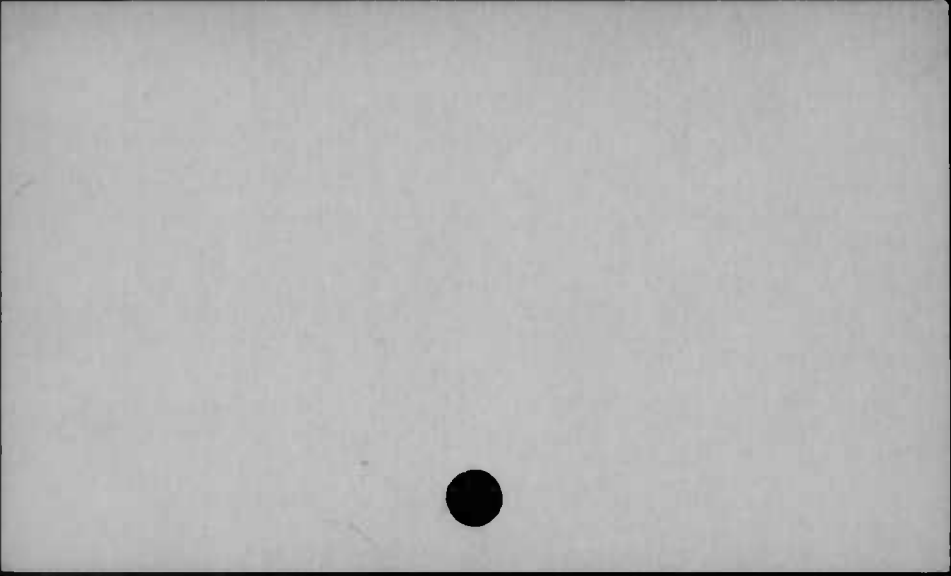
James P. Cooper

Address

Buckton Car Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEEDS



Name In Full

Margaret Ann Cantum

Certificate of Death

Died at *Philadelp* Town *Baltimore Co* County MARYLAND

Date 19 *Jan 28* Month Day | Age *12* Y. *2* M. *22* D. | Native of *Maryland* | Occupation *child*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name *Joseph Cantum* Mother's Maiden Name *Rebecca H Cantum*

Cause of Death { Primary *Lumbago* 27  
 Immediate *Prostration* 220 } How long sick *3 yrs*  
 Accident, Suicide, Homicide

Reported by *Wm C Brooker Undertaker*Address *Philadelp* *Baltimore Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Willis H. Carroll

Town

County

Died at

Melitola

Kent

MARYLAND

Date 189

Month Day

March 2

Y. M. D.

Age

11, 6

Native of

Md

Occupation

none

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

7

Husband  
of  
WifeFather's  
Name

Wm H. Carroll

Mother's  
Name

Mary McCauley

Cause of

Primary

Diphtheria

Death

Immediate

How long sick

8 days

~~Accident, Suicide, Homicide~~

Reported by

John H. Hesse, M.D.

Address

Honesville Md.



Name in Full

Certificate of Death

Sullivan Castilla

Died at ~~Cumberland~~ <sup>Town</sup> ~~Allegany~~ County

MARYLAND

Date 189 Sept 26 <sup>Month</sup> Wed <sup>Day</sup> Y. 33 <sup>Age</sup> M. Allegany <sup>Native of</sup> D. Allegany <sup>Occupation</sup>  
 Male White Married Widower Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ Number of children living

Husband  
of  
WifeFather's  
NameMother's  
Name

176

Cause of { Primary Injury  
 Death { Immediate Peritonitis

1522

How long sick

4 days

Accident, Suicide, Homicide

Reported by

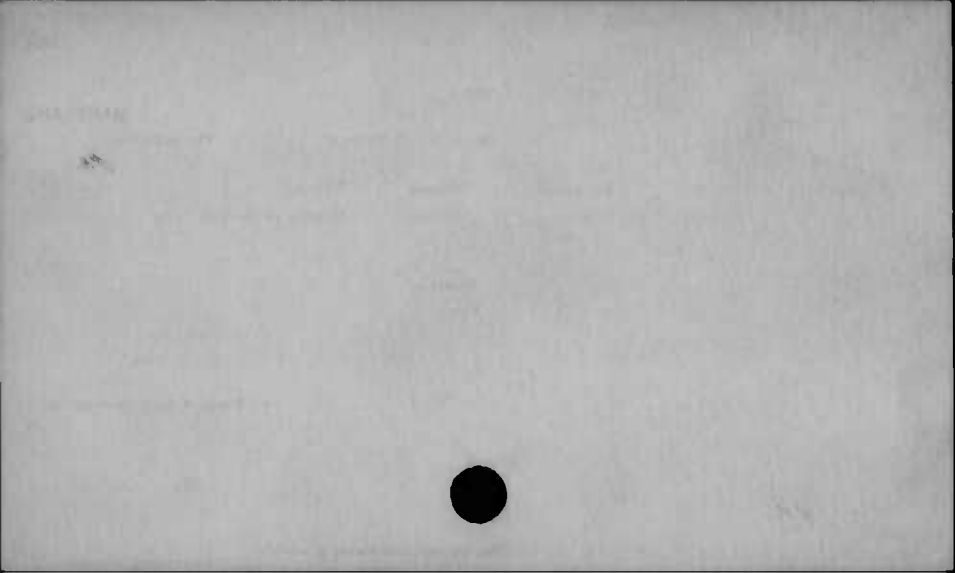
B. G. Miller

Address

Cumberland M.d.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, DEPT. OF HEALTH



Name in Full

Certificate of Death

Hattie E. Chambers

Town

County

Died at

Chester

Kent.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Oct. 6.

Age

19. 1, 23

Maryland

no

Female

Colored

Single

Widower

Number of children living none

Husband  
of  
WifeFather's  
Name

Frank. Chambers

Mother's  
Name

Margaret Gale

Cause of

Primary

Miscellaneous.

How long sick

Death

Immediate

Septic Throat

Accident, Suicide, Homicide

Reported by

Chas W Whaland MD

Address

Chester town Maryland

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name  
in  
Full

## CERTIFICATE OF DEATH

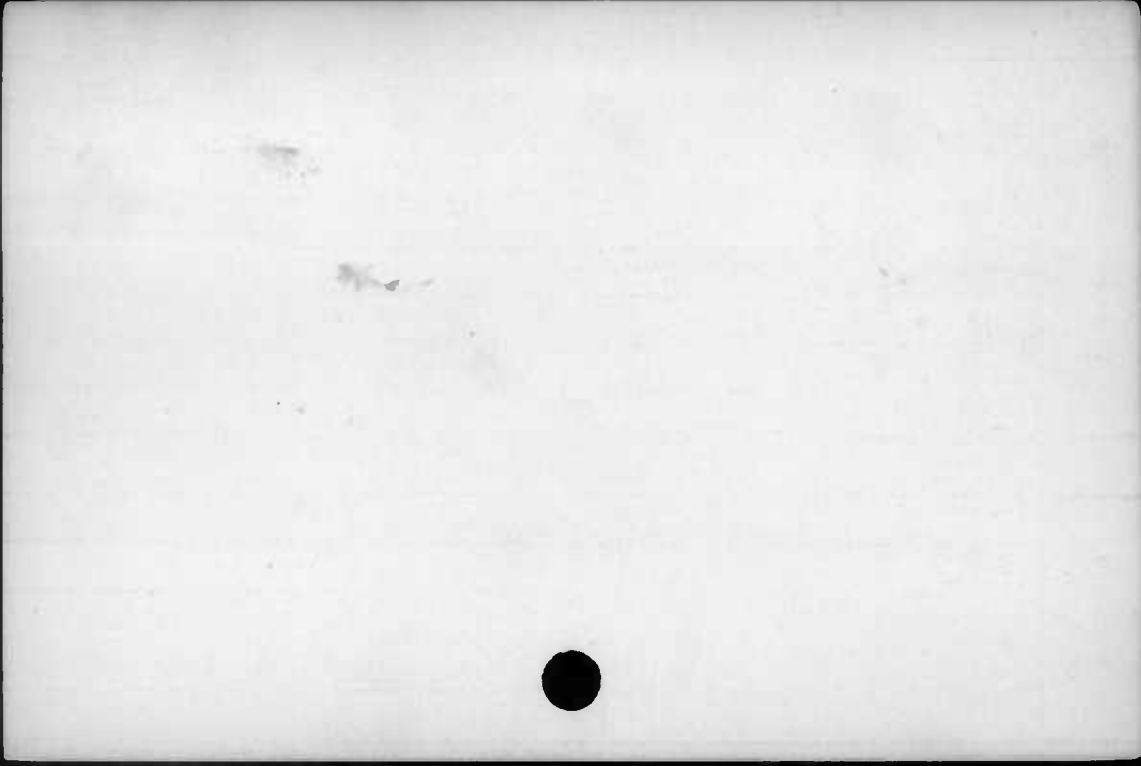
TO BE ANSWERED BY  
NEAREST FRIEND

Lizzie A. M. T. Clarke		Town		County		MARYLAND						
Died at		Hagerstown		Washington								
Date of death		1987	Month	June	Day	25	Age	17	Years	Months	Days	
Sex		Female		Color or Race		Colored		Birth-place				Williamport Md
Occupation		Domestic				Where Residing if not at place of death						
Married, Single or Widowed		single		Name of Wife or Husband								
Father's Name								Father's Birthplace				
Mother's Maiden Name		Linnie Clarke						Mother's Birthplace		Williamport Md		
Name of person giving information		Hanna Scott						How related to deceased		Aunt		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Brain Fever	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary Clarke</i>		Town <i>Lagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at		Date <i>1889</i>		Month <i>April</i>		Day <i>8</i>	
of death <i>19</i>		Age <i>28</i>		Years <i>—</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Williamport Md</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Edmond Jones</i>		Father's Birthplace <i>Clarke Co. Va</i>					
Mother's Maiden Name <i>Susan Clarke</i>		Mother's Birthplace <i>Williamport Md</i>					
Name of person giving information <i>Hanna Scott</i>		How related to deceased <i>amnt</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>stomach trouble</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Rebecca Clarke</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Superstition</i>		Date <i>1885</i>		Month <i>July</i>	Day <i>19</i>	Years <i>62</i>	Months <i>—</i>
of death <i>19</i>		Age <i>62</i>		Sex <i>Female</i>		Color or Race <i>Colored</i>	
Birthplace <i>Clearspring Md</i>		Occupation <i>cook</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>William Clarke</i>		Father's Name <i>George Castle</i>		Father's Birthplace <i>Clearspring Md</i>	
Mother's Maiden Name <i>Hanna Castle</i>		Name of person giving information <i>Hanna Scott</i>		Mother's Birthplace <i>Clearspring Md</i>		How related to deceased <i>daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>La Grippe &amp; old age</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

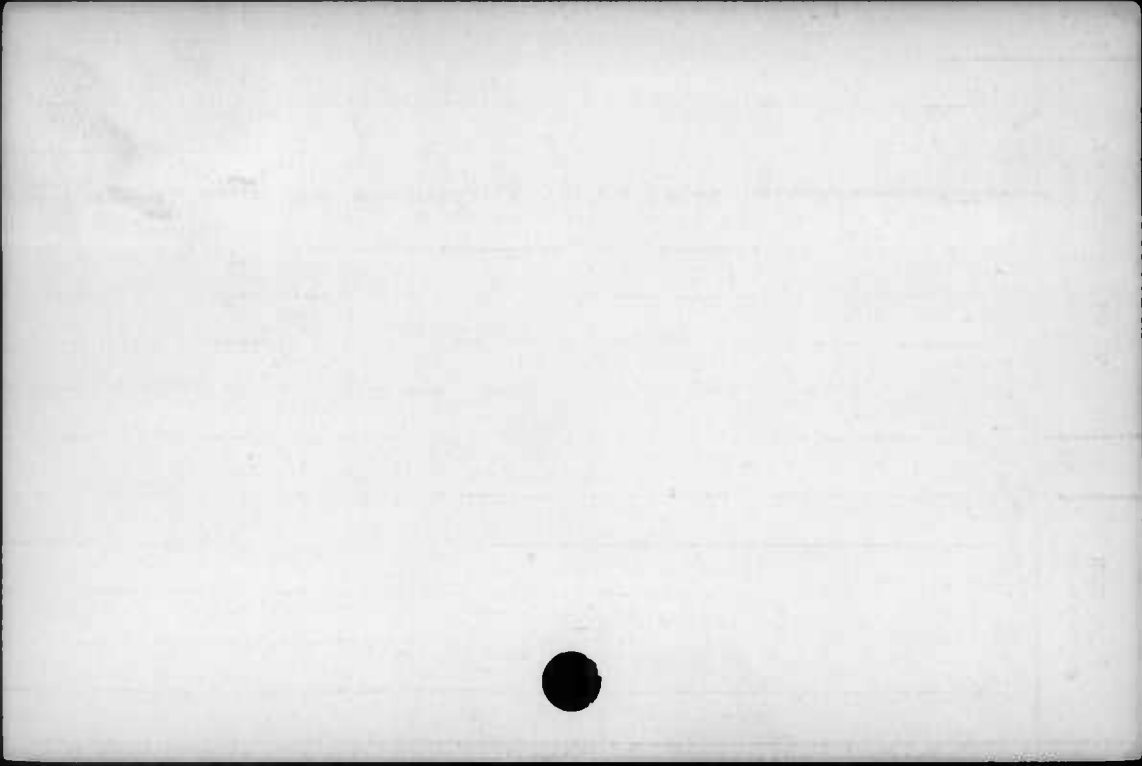
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1886		May	9	Age	82		
Sex	male	Color or Race		colored		Birthplace	
Occupation		labour		Where Residing if not at place of death		Chaspring Md	
Married, Single or Widowed		widowed		Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				Emma Scott		How related to deceased	
						daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	old age		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name in Full

Certificate of Death

Phillip H. Green.

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

March 13 Age 75- Fed. Gov. Lab. Laborer.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

3

~~Husband~~ of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

One Hour

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr.

No Physician

P.C.I 71

Seen by Coroner

of

Information contained in this certificate

derived from

Grand Child of (Deceased)  
of Woods River.



Name in Full

Certificate of Death

*Chas E Lee*  
 Died at *near Mt Savage* Town *Allegheny* County *MARYLAND*

Month *12* Day *28* Y. M. D. Native of Occupation

Date 189 *19* Age *28*  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband  
 of  
 Wife

Father's Name Mother's Name

Cause of Death { Primary *Dropped dead* How long sick *15-7*  
 Immediate Accident, Suicide, Homicide

Reported by *Banner of Liberty 12-29*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, CHS 68



Name  
in  
Full

Catharine Cochran

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1893		Sept.	5	56		2	14
Sex	Female		Color or Race	White		Birthplace	Pa.
Occupation	Domestic			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	David Cochran			
Father's Name	Samuel Gantz					Father's Birthplace	Mo
Mother's Maiden Name	Rebecca Hemmick					Mother's Birthplace	Pa
Name of person giving information	David Cochran					How related to deceased	Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Coffman  
Rose Hill.

Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Cochran</i>		Town <i>Beaver Creek</i>		County <i>Washington</i>		MARYLAND	
Died at		Month <i>Jan.</i>		Day <i>25</i>		Years <i>0</i>	
Date of death <i>1875</i>		Age <i>21</i>		Months <i>9</i>		Days <i>9</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ind</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>David Cochran</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Catharine Gantz</i>		Mother's Birthplace <i>"</i>					
Name of person giving In formation <i>David Cochran</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

offman  
Rosa Kip

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Rosa Cochran</i>		Town <i>Beaver Creek</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Beaver Creek</i>		Month <i>May</i>		Day <i>11</i>		Age <i>16</i>	
Date of death <i>1888</i>		Month <i>May</i>		Day <i>11</i>		Age <i>16</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>5-</i>	
Occupation <i>child</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>David Cochran</i>		Father's Birthplace <i>Ta</i>					
Mother's Maiden Name <i>Catharine Gault</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>David Cochran</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Coffman  
Rosa Rice



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Gertrude Collins*  
Town

Died at

*Hagerstown*  
Month

Day

*Washington*  
County

Years

Months

MARYLAND

Days

Date  
of death 190

Age

Sex  
Occupation

*Female*

Color or  
Race

*Colored*

Birth-  
place

*Unknown*

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Unknown*

Father's  
Birthplace

*Unknown*

Mother's  
Maiden Name

*Unknown*

Mother's  
Birthplace

*Unknown*

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address



Accident or Suicida

PHYSICIAN  
OR CORONER





CHARLES E. JONES  
DIRECTOR  
U. S. BUREAU OF REVENUE

Name  
in  
Full

Grace Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Hagerstown*  
Town

*Washington*  
County

MARYLAND

Date  
of death 190

Month

Day

Age

Years

Months

Days

Sex  
Occupation

*Female*

Color or  
Race

*Colored*

Birth-  
place

*Unknown*

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Unknown*

Father's  
Birthplace

*Unknown*

Mother's  
Maiden Name

*Unknown*

Mother's  
Birthplace

*Unknown*

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

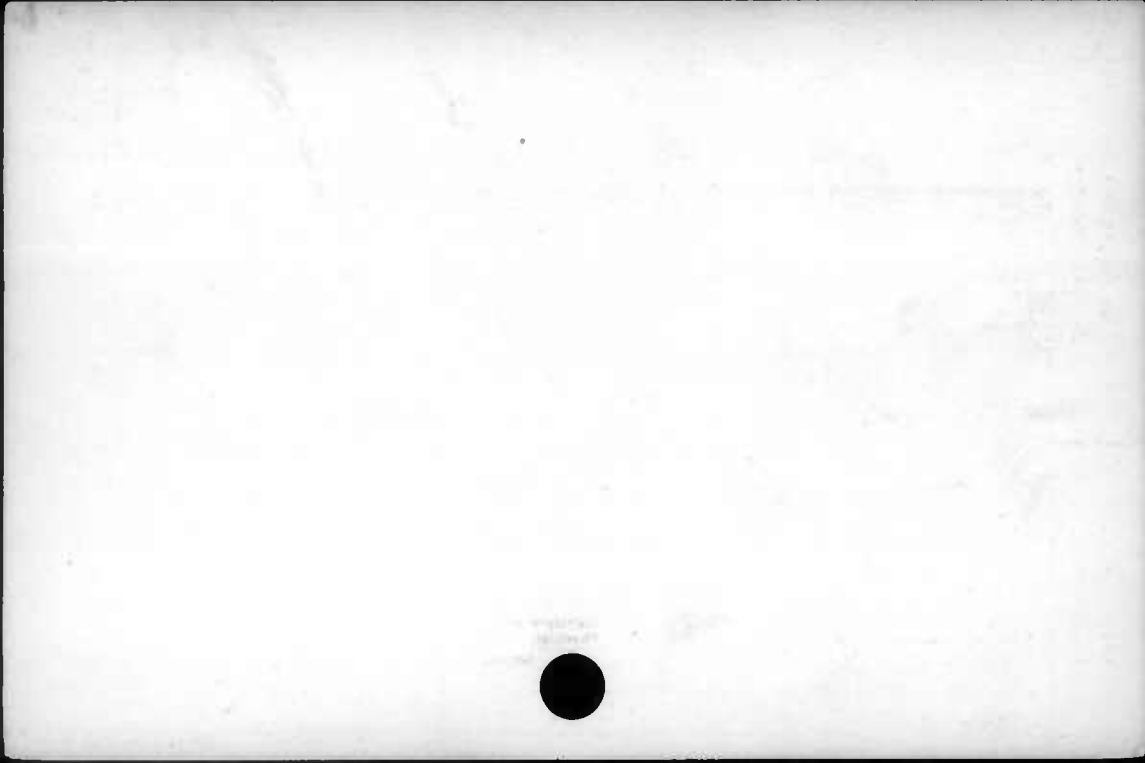
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Louisa Cooper

Died at <sup>Town</sup> (near Gardenville) County <sup>Baltimore</sup> MARYLAND

Date 189 <sup>Month</sup> 8 - <sup>Day</sup> 16 | Age <sup>Y.</sup> 40. <sup>M.</sup> 6. <sup>D.</sup> | <sup>Native of</sup> England | <sup>Occupation</sup> House Keeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~ ~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living 3

~~Husband~~ of <sup>Walter J. Cooper</sup>

Wife  
Father's  
Name

<sup>22a 27</sup>  
Mother's  
Name

Cause of { Primary Pulmonary Phthisis | How long sick Two years

Death { Immediate Exhaustion | Accident, Suicide, Homicide

Reported by W. J. McDowell, M. D.

Address 811 N. Carey St. Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

**Attended by Dr.** .....

**of** .....

**Seen by Coroner** .....

**of** .....

**Information contained in this certificate received**

**from** .....

**of** .....





Name is Full

Certificate of Death

Annie M Coulson

Died at <sup>Town</sup> Coler<sup>County</sup> Cecil

MARYLAND

Date 189 <sup>Month</sup> 4 <sup>Day</sup> 24 <sup>Age</sup> 58 <sup>Y</sup> <sup>M</sup> <sup>D.</sup> <sup>Native of</sup> Anne C <sup>Occupation</sup> Housekeeper~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05909



### Certificate of Death

Husband of		5-6	
Wife			
Father's Name		Mother's Name	
Wm. T. Boursey		Mary E. Boursey	
Cause of Death	Primar	Rheumatic endocarditis	How long sick Several months
	Immediate	Cerebral embolism	Accident, Suicide, Homicide

Address

LIBRARY BUREAU, 85988



Name in Full

Certificate of Death

John Cousins  
 Died at <sup>Town</sup> Oxford <sup>County</sup> Talbot MARYLAND

Date 189 <sup>Month</sup> 11 <sup>Day</sup> <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> <sup>Occupation</sup>  
 Male White Married Widow Divorced  
~~Female~~ Colored Single Widower Number of children living

Husband of  
 Wife  
 Father's Name Mother's Name 157

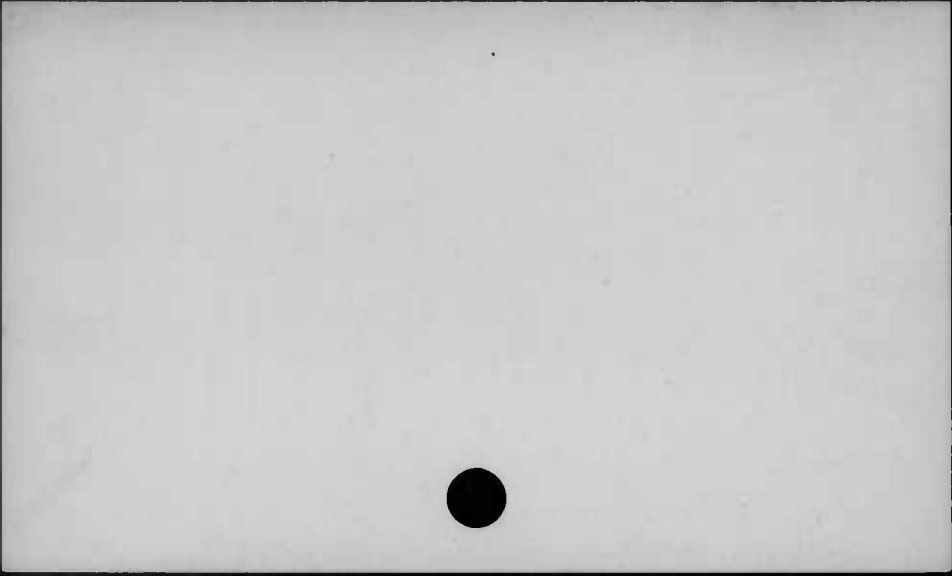
Cause of Death { Primary Immediate } <sup>How long sick</sup> <sup>Accident, Suicide, Homicide</sup>  
 Jamaica Ginger

Reported by Dr. Standard Nov. 19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79708



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James Cramer*

Died at *Sharpshurg* Town *Washington* County

Date *1879* Month *June* Day *15* Age *34* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Sharpshurg*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Married* Name of Wife or Husband *Mary E. Moore*

Father's Name *Samuel Cramer* Father's Birthplace \_\_\_\_\_

Mother's Maiden Name *Beth Harmon* Mother's Birthplace \_\_\_\_\_

Name of person giving Information *Mary E. Zellers* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Complicated Diseases* How long *Six weeks*

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician \_\_\_\_\_

Address \_\_\_\_\_

Accident or Suicide \_\_\_\_\_





Name in Full

Certificate of Death

*Mr Mary Oretin*

Died at *near Emmitsburg* <sup>Town</sup> *Frederick* <sup>County</sup> **MARYLAND**  
 Month Day Y. M. D. Native of Occupation

Date 189 *March 11* Age *67-*  
 Male White *yes* Married *yes* Widow Divorced  
 Female *yes* Colored Single *yes* Widower Number of children living *two*

Husband of *John H. Oretin*  
 Wife

Father's Name Mother's Name

Cause of { Primary *Pericarditis* How long sick *four weeks*  
 Death { Immediate *Pneumonia* Accident, Suicide, Homicide

Reported by *John B. Brannen*  
 Address *Emmitsburg Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

